

BOARD OF DIRECTORS OPEN MEETING MINUTES, ACTIONS & DECISIONS

At a scheduled meeting in public of the Board of Directors of Bradford Teaching Hospital on the 12th of May 2022, with Dr Maxwell Mclean in the Chair and Laura Parsons as Trust Secretary, the minutes of the previous meeting on the 10th of March 2022 were read and approved.

Signed: _____ Chairperson

Signed: _____ Trust Secretary

In light of the Government restrictions to groups of people meeting, our meeting of the Board of Directors took place virtually, and was not open to the public. The agenda and papers were available on our website and a mechanism was put in place for to enable feedback in relation to their content

The system that the Trust uses for virtual meetings enables recording of the discussion and the use of a comments panel. The comments have been included in the production of the minutes.

Date:	Thursday 12 May 2022	Time:	09:30-15:30
Venue:	Virtual Meeting Via Microsoft Teams	Chair:	Dr Maxwell Mclean
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Dr Maxwell Mclean (MM) - Ms Julie Lawreniuk (JL) - Mr Altaf Sadique (AS) - Ms Karen Walker (KW) - Mr Mohammed Hussain (MHu) - Mr Jon Prashar (JP) - Professor Janet Hirst (JHi) - Ms Sughra Nazir (SN) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Mel Pickup, Chief Executive (MP) - Ms Karen Dawber, Chief Nurse (KD) - Dr Ray Smith, Chief Medical Officer (RS) - Mr John Holden, Director of Strategy & Integration (JH) - Mr Sajid Azeb, Chief Operating Officer (SA) - Mr Matthew Horner, Director of Finance (MH) 		
In Attendance:	<ul style="list-style-type: none"> - Ms Pat Campbell, Director of Human Resources (PC) - Mr Mark Holloway, Director of Estates & Facilities (MHo) - Dr Paul Rice, Chief Digital and Information Officer (PR) - Ms Jacqui Maurice, Head of Corporate Governance (JM) - Ms Katie Shepherd, Corporate Governance Manager (KS) - Ms Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP) - Mr Scott Hymas, Pharmacy Assistant (SH), Mr Daniel Norfolk, Senior Pharmacy Assistant (DN) and Mr David Smith, Director of Pharmacy (DS), for agenda item Bo.5.22.3 – Modernisation of Pharmacy Services - Ms Sarah Turner, Assistant Chief Nurse (Vulnerable Adults/Safeguarding) (ST) for agenda item Bo.5.22.9 – Mental Health Strategy Update 		

	<ul style="list-style-type: none"> - Ms Sara Hollins, Director of Midwifery (SH) for agenda item Bo.5.22.13 - Maternity Services Update - Professor Rebecca Lawton, Senior Lecturer, BIHR (RL) for agenda item Bo.5.22.15 – Research Activity in the Trust
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No.	Agenda Item	Action
Section 1: Opening Matters		
	Chair's Opening Remarks MM welcomed all attendees to the meeting and noted the agenda items to be discussed.	
Bo.5.22.1	Apologies for Absence Apologies were received from Mr Barrie Senior, Non-Executive Director.	
Bo.5.22.2	Declarations of Interest No declarations of interest were noted.	
Bo.5.22.3	Modernisation of Pharmacy Services MM welcomed DS, SH and DN to the meeting. The Board was informed that several projects are underway in Pharmacy Stores. A stock top-ups improvement programme has been commenced, with another four to follow. SH and DN presented an overview of the programme, including the project principles, goals and aspirations (improved efficiency, moral and cost effectiveness), benefits realisation, progress, barriers and next steps. AS queried if there was a system in place to deal with expired medicines and waste. DS confirmed that expiry dates are reviewed on the wards and stocklists adjusted to ensure they are used. Once Omnicell cabinets are in place, these will be able to auto-order stock. It was agreed that there will always be some wastage, but this is minimised as much as possible. DS informed that there is a CQUIN (Commissioning for Quality and Innovation) target connected to the discharge medicine service around communicating any changes to medicines to community pharmacies. There are also workstreams outside Pharmacy Stores to look at improving processes and a campaign planned to encourage patients to bring their own medication into hospital. DS informed that there are ongoing medicine shortages resulting from global market conditions and this sits on the Pharmacy risk register. KW suggested inviting SH, DN and DS to present at the People Academy and it was agreed this would be beneficial. MHu mentioned concerns from other trusts about the Omnicell interfaces	Director of Human Resources B022008

No.	Agenda Item	Action
	<p>not being fit for purpose. It was agreed that this needs a further conversation outside the meeting. MHu also mentioned modernising the robot within the dispensary and the value of using multilingual labels.</p> <p>DS stated that the Trust is engaged with Cerner to develop the Omnicell interface. Work is ongoing with Cerner, EMIS and Omnicell. The robot within the dispensary is the only one that will fit in the space and the plan is to move the Aseptic Unit and develop a business case for a new robot in due course. Work is underway to understand the ability to implement translated labels such as those promoted by Written Medicine.</p> <p>MP commended the maturity and insight of SH and DN and thanked them for their contribution. MM commended the presentation, leadership and focus on speed and efficiency.</p> <p>KD offered for SH and DN to join the weekly senior nurse meeting.</p> <p>It was agreed for today's meeting chat transcript to be sent to SA and DS.</p> <p>SH and DN thanked the Board for the opportunity to present and invited Board members to visit Pharmacy.</p> <p>MM remarked that the project has the full support of the Board.</p>	<p>Associate Director of Corporate Governance/ Board Secretary Bo22009</p>
Section 2: Business From Previous Board Meeting		
Bo.5.22.4	<p>Minutes of the Meeting held on the 10th of March 2022</p> <p>The minutes of the meeting held on the 10th of March 2022 were approved as a true and accurate record of the discussions and decisions.</p>	
Bo.5.22.5	<p>Matters Arising</p> <p>The actions from the log were reviewed and the following outcomes agreed.</p> <ul style="list-style-type: none"> • <u>Bo22005 Bo.3.22.14 Looking After Our People</u> Action closed. • <u>Bo22007 Bo.3.22.20 Corporate Strategy and Strategic Objectives</u> Action closed. • <u>Bo21004 Bo.3.21.9 Mental Health Strategy 2021/23</u> Action closed. • <u>Bo22003 Bo.3.22.3 Patient Story – Therapies</u> Action closed. • <u>Bo22004 Bo.3.22.9 Maternity Services Update</u> Action closed. 	

No.	Agenda Item	Action
Section 3: Business Reports		
Bo.5.22.6	<p>Report from the Chairman</p> <p>MM asked the Board to note the contents of the report, which focused particularly upon:</p> <ul style="list-style-type: none"> • A thank you for a productive Council of Governors meeting on the 28th of April, with a good Director turn out. Particularly to PC for her response to the query around temporary contracts. • A thank you to departing Governors Stella Hall, Hardev Sohal and Wendy McQuillan for their service to the Foundation Trust. <p>The Board noted the report.</p>	
Bo.5.22.7	<p>Report from the Chief Executive</p> <p>MP highlighted the following key points:</p> <ul style="list-style-type: none"> • Covid-19 numbers continue to slowly decline with 23 patients currently occupying inpatient beds. • The general trend for Covid-19 patients requiring less intensive care support continues, although there are some exceptions to this, with a smaller number of patients requiring respiratory support. • Consolidating Covid-19 patients into one ward area has provided greater resilience and continuity to the elective recovery programme and also greater flexibilities in being able to meet an unusually high level of sustained demand upon emergency services. • The Foundation Trust continues to monitor the emerging guidance in relation to infection control measures and there has been a gradual but cautious relaxation of some of these. • An extraordinary meeting of the Board took place on the 14th of April, at which the organisational response was reviewed and approved. • The operational guidance for 2022/23 has now been submitted via the ICS. • The staff survey results were disappointing given the timing of the survey and the respondents being in the middle of a peak in the pandemic. The focus continues to be on how colleagues are feeling, their wellbeing, resilience and enjoyment of their roles. • The staff networks have been formally relaunched and there has been an increase in the amount of interest shown by colleagues in joining, participating and leading these. • MP and MM attended the Committee in Common for WYAAT and received updates on the various work programmes, including digital Pathology, Radiology, elective recovery, Pharmacy and aseptic provision, as well as a Cancer Alliance update. • The Health and Social Care bill has received Royal Assent and become law. • A thank you to AS for facilitating the meeting with almost 50 of Bradford's most influential business and sector leads from 	

No.	Agenda Item	Action
	<p>across the Muslim community.</p> <p>MM thanked MP for the update and the Board noted the same.</p>	
Section 4: Delivery of the Trust's Clinical Strategy		
Section 4a: Strategy		
Bo.5.22.8	<p>Board Assurance Framework & High Level Risks</p> <p>JH updated on the refreshed Board Assurance Framework and high level risk register:</p> <ul style="list-style-type: none"> • A session was held on the 14th of April to work through the new format of the BAF. Two small changes have been made. This will then go back to the Audit Committee in May, then back to Board in July along with the risk appetite statement and the revised risk strategy for approval. • The highest scoring risks relate to the continuing impact of Covid-19 and the backlog. <p>JL pointed out that the only reason the Strategy wasn't yet recommended for approval by the Audit Committee was because the changes to the document had not yet been reviewed.</p> <p>The Board noted the latest position and MM thanked JH for the update.</p>	
Bo.5.22.9	<p>Mental Health Strategy 2021/23 Update</p> <p>ST presented an update on the mental health strategy which was launched last year.</p> <ul style="list-style-type: none"> • Four priorities were identified in-line with the district strategy, the five year forward plan and national strategies; training, workforce, information sharing and partnerships. • A level one e-learning package was developed and rolled out towards the back end of last year. • Certain staff have undertaken de-escalation and restraint training and mental health first aid training has been delivered. • A Specialist Practitioner was appointed in February last year and produces quarterly newsletters. • Occupational Health have promoted the Thrive initiative, wellbeing apps and psychological support. There is now an electronic referral system specifically for mental health referrals to the Specialist Practitioner, which has processed 181 referrals since it was set up. • SystemOne access has been helpful in understanding the baseline for patients who come in distressed so staff can better support them more quickly. • Regular meetings are held with Bradford District Care NHS Foundation Trust, which have been helpful on all levels and some of their operational managers attend some daily staff huddles. • Access to an onsite Psychiatrist and Clinical Psychologists was 	

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	<p>agreed last year and the recruitment process is taking place. The plan is for a four hour response to an emergency referral. Recruitment has been undertaken. Implementation of a new service is the end of June.</p> <ul style="list-style-type: none"> • Training is a high priority and a specific training post is to be developed. • The University of Bradford now provides a 4 year course for a dual qualification as a General Nurse and a Mental Health Nurse or Children's Nurse and Mental Health Nurse. Conversations are taking place around devising a 6 or 12 month top-up course for staff to add to their existing qualification. • A shared referral system with the PLN is being considered. • ST is keen to get patient engagement and involvement in service development over the next 6 months. <p>MM stated that the Foundation Trust's vision is to promote, protect and improve positive mental health whilst providing outstanding physical care. He queried if staff have a good relationship with partners and share strategies.</p> <p>ST responded that this strategy is very much based on the district strategy to try and align some of those workstreams. She added that there are open and honest relationships with partners, with good communication links.</p> <p>A discussion took place regarding dual roles and embedding Mental Health Nurses within establishments and ST stated that it's important to support staff to undertake the qualification.</p> <p>MP mentioned the lack of availability for very specialised, complex young people with dual diagnoses who don't necessarily have a physical problem keeping them in hospital and the benefits to this group of upskilling the registered nursing workforce.</p> <p>MM asked ST if there was anything more the Board could do in support of the service. ST stated that she is thankful for the good support the service has already received and it is in a different place to 12 months ago. ST also pointed out that staff have lost a bit of resilience, but keep coming to work, which is a credit to them and it would be appreciated if Board members could ask them how they are when they have contact.</p> <p>MM informed ST that she has the full support of the Board and thanked her for bringing the strategy to its attention. KD added her thanks to ST and Ashley Greaves, Mental Health Specialist Practitioner.</p> <p>The Board noted the update.</p>	

No.	Agenda Item	Action
Bo.5.22.10	<p>Procurement Strategy</p> <p>MH brought the following points to the Board's attention:</p> <ul style="list-style-type: none"> • The strategy has been to the Executive Team Meeting (ETM) and the Finance and Performance Academy twice, as well as the Audit Committee and the first Procurement Oversight Group. • It concerns what needs to be done to maintain a resilient and safe procurement function. • It focuses on compliance, control, assurance and transparency, social value as well as collaborative working. • The Procurement Bill is expected to be passed by Parliament and will have a greater emphasis on social value. • The Foundation Trust's supply chain model and storage capacity requires review. • Next steps include translating the strategy into a 1, 2 and 3 year workplan, establishing a baseline, understanding how to resource the ambition and evaluating the Key Performance measures that will deliver success. • The Procurement Department and Service benchmarks are adequate from a Model Hospital perspective, but there are areas for improvement. <p>A discussion took place regarding the percentage of local procurement spend. This is a challenging area, but work is underway. MH confirmed that the Foundation Trust has a lot of autonomy with regard to the strategy, but in the spirit of collaboration we need to compliment plans across the ICS.</p> <p>AS queried the priorities of the Procurement Oversight Group in terms of the current storage capabilities being inadequate, the use of third party suppliers and investment. MH confirmed that the strategy refers to the inventory model, which would need significant investment if it were to be changed.</p> <p>JL stated that the Finance and Performance Academy approved the strategy, but would like to see answers to the questions raised. MH recognised that this is a high level plan that signposts opportunities, but doesn't note how outcomes will be measured and reported. This will form part of the workplan. MH thanked the Procurement Team for their input.</p> <p>MM thanked MH for the update and the Board approved the strategy.</p>	

Section 4b: Finance and Performance

Bo.5.22.11

Report from the Chair of the Finance & Performance Academy – March & April 2022

JL, MH and SA brought the following points to the Board's attention:

- The 2021/22 finances have closed down and the draft accounts have been submitted for audit.
- The Foundation Trust spent £532 million and delivered a £1.4 million surplus against a break-even plan. The Academy commended the work of the Finance Team and the Foundation Trust as a whole.
- £37.7 million of capital was spent in 2021/22.
- The CBUs need to recommence efficiency programmes. There is a 2.2% efficiency requirement.
- There are challenges around performance as the organisation recovers following the peak of Covid-19. Good work is ongoing to mitigate the performance challenges.
- The capital programme for 2022/23 is £23 million.

MM requested a waiting list analysis by ethnicity and deprivation for the next meeting. SA confirmed that work had been undertaken around patients with learning difficulties and reports have been provided to previous Board meetings on the position. There are challenges around being able to extract data on the ethnicity of patients on the waiting list, however work is underway to try and get this information

PR added that functions in Business Intelligence, data quality and operational performance are being aligned to better understand the data.

MM thanked SA and PR for the update, recognising the challenges.

RS shared that the most deprived section of the community are more likely to wait longer for care and have increased by the greatest amount on the waiting lists. The Connected Bradford dataset combines information from GPs, education and ambulance services and provides nuanced data regarding deprived groups. This can be linked with EPR to provide a waiting list analysis.

Once the data is extracted, consideration will be needed to consider the wider ethical issues. RS stressed the importance of ensuring that the most deprived don't suffer further from prioritisation, but that clinical priority needs to be kept as the primary determinant of treatment order.

MM thanked JL, MH and SA for the update and the Board noted the same.

**Chief Operating
Officer/Chief
Digital and
Information
Officer
Bo22010**

Section 4c: Quality and Patient Safety		
Bo.5.22.12	<p>Reports from the Chair of the Quality & Patient Safety Academy – March & April 2022</p> <p>MHu and JHi brought the following points to the attention of the Board:</p> <ul style="list-style-type: none"> • There is an Academy development session planned for the 26th of May to review the terms of reference, remit, scope and ambitions. • A number of medicines and safety issues from different sources have been identified. A more in-depth analysis of medicines safety is on the agenda for May. • It has been a challenge for the Academy to get through all the business on the agenda. For the next meeting members have been asked to write to the Chair in advance with any questions. This will give the responders the opportunity to write a thorough answer and be more prepared and will be documented in the minutes under Matters Arising. • A Palliative Care update and reassurance of the 7 day service was useful. • The Infection Control report provided reassurance of effective processes in place to address challenges. • A recent TV programme about Yorkshire Midwives was timely given the Ockenden 2 Report and Panorama spotlight. • A number of serious incident reports have been noted, but the Academy has been reassured that immediate action was taken to mitigate these. <p>MM queried if the Academy had met the new Patient Safety Facilitators. RS confirmed that this has not yet happened, more are to be recruited and the new structure is not yet finalised.</p> <p>MM thanked MHu and JHi for the update and the Board noted the reports.</p>	
Bo.5.22.13	<p>Maternity Services Update</p> <p>SH joined the meeting for this item.</p> <p>KD shared that the update focuses on three keys areas - Ockenden recommendations and the requirements for Ockenden 2; staffing and proposed staffing reconfiguration going forward; and key highlights from the routine maternity and neonatal reports.</p> <p>SH highlighted pertinent points of the update:</p> <ul style="list-style-type: none"> • Ockenden appendices – the national ask is that trusts continue to focus on the initial 7 safety actions emergent from the first report, which has been met. • The additional 15 safety actions from the second report are being worked through and a benchmarking exercise will be carried out. The team are also preparing for a regional assurance visit at the end of June. 	

	<ul style="list-style-type: none"> • It is not proposed to commence any further models around continuity of carer at this point until the staffing ratios have been achieved. • A bi-annual midwifery staffing paper is required to meet the Maternity Incentive Scheme Year 4 Safety Action 5 standard. This describes the plans to achieve the Birthrate Plus recommended staffing levels before continuing a staged approach to achieving continuity of carer as the default position for all patients by March 2024. • The CQC action plan received a rating of significant assurance from Audit Yorkshire. Ongoing work is being carried out on the escalation policy which prevented a high assurance opinion. This is now in the final stages. • 5 stillbirths were recorded in total across March and April, 3 of which were expected. • One case of HIE was noted in March and one in April, both of which are being investigated by HSIB (Healthcare Safety Investigation Branch). • One further serious incident was reported in March relating to a 4th degree tear. • There have been no neonatal serious incidents or harms. • Maternity Cerner EPR go-live went well and has particularly impacted on the Community Midwifery team. Challenges include pulling data reports, for which work is ongoing with the Business Intelligence team. • A quarterly perinatal review toolkit report is another requirement of the Maternity Incentive Scheme. The service is meeting the requirements. • There was a 3 month pause of mandatory training during the run up to go-live to enable as many staff as possible to undergo Cerner training. A recovery plan has now been enacted and all mandatory training is taking place. • Safeguarding children training compliance has improved further on the report submitted for today's meeting. 85% compliance by the end of May is being worked towards. The Foundation Trust remains on target to achieve 90% compliance in all staff groups attending prompt emergency training. <p>MM mentioned the letter from Amanda Pritchard, CEO of NHSE/I, which stated "Your Board of Directors has a duty to prevent the failings found at other trusts" and gave a reminder of the 4 key pillars of the Ockenden report.</p> <p>JP commended the presentation and queried whether there are any residual risks to the service given the pause of mandatory training. SH replied that no recent Datix reports or incidents directly attributable to a lack of training have been recorded and emergency training remained a priority throughout.</p> <p>A conversation took place regarding training and the de-skilling of staff. SH stated that these issues are discussed at staff wellbeing meetings. SH also reiterated that this was another reason why Emergency skills training had not been paused.</p>	
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	<p>MHu mentioned ethnic minorities research and the challenge of translating research into clinical practice and ensuring lead clinicians are involved. SH confirmed that this is being discussed as part of the Outstanding Maternity Services programme.</p> <p>MM stated that the Board plan to arrange a deep dive session into Maternity.</p> <p>MM thanked SH for the information and the Board noted the documents.</p>	
Bo.5.22.14	<p>COVID-19 Vaccination Programme</p> <p>KD provided an update.</p> <ul style="list-style-type: none"> • The Foundation Trust is currently delivering between 7,000-8,000 vaccinations per week across the city through Primary Care Networks (PCNs), hubs and pop-up clinics. • The current focus is over 75s, care homes, boosters and 5-11 year olds. • A fifth booster for some and a fourth for the majority are being planned for autumn. Another Covid-19 surge would mean this being brought forward at short notice. A planning session will be held in the summer. • Vaccinations are becoming business as usual and working well. • There is a small amount of regional funding available until the end of March to allow key posts to continue. • There is a risk around vaccine supply. <p>JP shared that he has been involved in the research for the fourth booster and noted this as an example of good practice in terms of developing the app.</p> <p>MM thanked KD for the update and the Board noted the same.</p>	
Bo.5.22.15	<p>Research Activity in the Trust</p> <p>MM welcomed RL to the meeting, who highlighted the following key points:</p> <ul style="list-style-type: none"> • A 30 month research programme entitled Learn Together has been developed with an aim to develop and test guidance to support the involvement of patients, families and staff after safety events in healthcare. The co-designed guidance is to be used as part of the incident investigation process. Work has been carried out with Patient Safety Managers in 4 trusts, harmed patients, family members and staff. The research has also involved reviewing information from policies and interviews with a wide range of stakeholders. Two acute and two mental health trusts were involved, along with the Healthcare Safety Investigation Branch. Positive engagement has been received. • The Redeploy project aims to understand the impact of redeployment during the pandemic on nurse wellbeing, performance and retention. Data collection has now finished and 36 interviews with Nurse Managers and 63 nurses (at two time points) have taken place. Work is ongoing with senior staff 	

	<p>across the organisation to disseminate the findings and set of recommendations for the redeployment of nurses will be developed. A key finding was that nurses didn't always experience redeployment as a fair and consistent process.</p> <ul style="list-style-type: none"> • A consultation process around what the public want and need to know about patient safety is underway. Views from 72 young people in Bradford have been sought to understand their views on patient safety with an aim to developing a guide for the safe use of the NHS. A good range of people of different ages and ethnicities have taken part, most seeing GPs, dentists, A&E and pharmacists. They wanted more information on how to book an appointment with a GP, waiting times for A&E, the roles of healthcare professionals, the cost of prescriptions, how to give feedback, how to access mental health services, the side effects of medicines and the differences between emergency services. • RL, MM and RS presented the Foundation Trust's case for funding to establish an NIHR Patient Safety Research Collaboration in Bradford with an aim to deliver safer care through research. <p>PR suggested that it would be useful for RL to have input into the West Yorkshire and Harrogate Health and Care Partnership Innovation and Improvement Board and agreed to request an invite for RL.</p> <p>KW stated she would welcome the outcome of the redeployment initiative being tabled at the People Academy.</p> <p>MM thanked RL for the update, which the Board noted.</p>	<p>Chief Digital and Information Officer Bo22011</p> <p>Associate Director of Corporate Governance/ Board Secretary Bo22012</p>
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Section 4d: People

Bo.5.22.16	<p>Report from the Chair of the People Academy – March & April 2022</p> <p>KW highlighted the following points:</p> <ul style="list-style-type: none"> • Non-medical appraisal compliance reduced slightly in March and is a focus for the CBUs. • There was a slight increase in the temporary workforce in March. • Staff turnover continues to increase, but should stabilise after 6 months. • There are 267 apprentices in the organisation. • The rolling absence figure for the last 12 months is 6.89%, which is a slight increase. Monthly absences are now starting to decrease. • Staffing risks have been impacted by attrition, reconfigured wards and vacancies. HCA roles have the highest rate of absence and more leavers and a deep dive is going to be undertaken into this. Mitigations include marketing, using social media for recruitment, more matrons over 7 days and more huddles. There is now less pressure due to fewer Covid-19 patients. • Stress has been reported as the main cause of absence due to the pandemic. Support includes CBT, psychology input, Occupational Therapy, staff counselling and Thrive. Feedback has been received that the support offers are no longer having the same effect as at the start of the pandemic. 	
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	<ul style="list-style-type: none"> • A workgroup has been established to review how to look after people and policies are under review. • Medical appraisals have been done. • A deep dive is planned this month on Academy effectiveness. <p>MM shared that he attended the recent undergraduate education session, which was well received with good contributions.</p> <p>MM thanked KW for the update and the Board noted the same.</p>	
Bo.5.22.17	<p>Looking After Our People</p> <p>PC shared that the staff survey results are being used to refresh the health and wellbeing offer to staff to ensure their needs are still being met. A lead Psychologist for staff support has now been appointed and all triage and referral pathways will be reviewed to strengthen the relationship between the Psychology and Occupational Health teams.</p> <p>In terms of the current cost of living pressures, staff are being signposted to the relevant support services. In addition, the Foundation Trust has paired with Barclays Bank, who will be running financial wellbeing events for staff. The team are also looking at increasing staff awareness of the NHS Discounts and salary sacrifice schemes.</p> <p>JHi mentioned that the survey results around viewing the Foundation Trust as a learning organisation provide a positive impression. PC stated that the best results have been seen in this area.</p> <p>The Board noted the document and MM thanked PC for the update.</p>	
Bo.5.22.18	<p>Staff Survey Results</p> <ul style="list-style-type: none"> • The results reflect the past challenging year and the impact of this on staff experience. The survey was aligned to the 7 themes of the NHS People Promise for the first time. • Nationally, there has been a worsening of staff engagement and morale. • Progress on inequalities has been disappointing nationally, with a lack of progress across all protected characteristics. • The Foundation Trust scored average across the board. • Answers to questions around recommending the organisation as a place to work and being happy with the standard of care provided to a friend or relative deteriorated by 10%, in line with national findings. These will be areas of focus in the action plan. • Key areas connected with each theme have been highlighted. In terms of staff feeling recognised and rewarded, there has been a steep decline in satisfaction, which is a priority area for action. • In terms of the “We are Always Learning” standard, the Foundation Trust scored relatively well, above average for most questions within the theme, but there is work to do around the ‘value’ of appraisals. • Regarding staff engagement and morale, nationally these areas deteriorated, which was reflected by the organisational scores. 	

	<p>The score regarding morale has stayed static for the last 3 years and is still aligned to national average.</p> <ul style="list-style-type: none"> • The areas of priority for the year ahead are still being worked through. Underpinning this is work to develop a culture of civility and respect, including training for managers in confidence and capability. • Some CBU and corporate departments performed above the organisational average and some less well. The plan is to link the CBUs with Organisational Development for focused work and action plans picked up through the Exec to CBU meetings. • The results will be reviewed through an equality lens at the People Academy with a report to the May meeting and then quarterly updates on progress. <p>PC suggested that the work being done in Pharmacy could be translated into other areas. There is a small pool of Staff Engagers who could spearhead work in their areas.</p> <p>A discussion took place regarding the value in which NHS staff are held.</p> <p>The Board noted the update and MM thanked PC for the same.</p>	
Bo.5.22.19	<p>Strategic Equality & Diversity Council Update</p> <p>MP drew the Board's attention to the following key points:</p> <ul style="list-style-type: none"> • Civility in the workplace and how to change the approach to civility, respect and kindness. An A&E consultant with a background in these issues has been engaged to be a keynote speaker at the Leadership Summit on the 20th of June. • The staff equality networks are linking in with the inequalities work. There is an emphasis on Core20PLUS5 and connecting with colleagues at both place and the ICS. <p>The Board noted the update and MM thanked MP for the same.</p>	
Bo.5.22.20	<p>Strategic Nurse Staffing Review – March 2022</p> <p>KD provided an update on the 6 monthly review.</p> <ul style="list-style-type: none"> • There are now less Covid-19 patients, with less requirement for NIV beds compared with 6 months ago. • It has been agreed for all wards to have at least one Band 7 and two Band 6 junior sisters for leadership and consistency purposes. • Wards 20 and 21 have been reopened as elective units, which house patients needing enhanced care, requiring a higher staffing ratio. The request for this is £207,000. • There are requests for a Deputy Matron in Speciality Medicine of £109,000 and an extra Associate Director of Nursing, to bring the total to four. • There will be a further reduction of the baseline budget as another Covid-19 ward closes and after reviewing staffing levels 	

	<p>on the respiratory wards.</p> <p>In terms of the Maternity review:</p> <ul style="list-style-type: none"> • There is a need for revised staffing levels based on the number of births to deliver 100% continuity of carer, as recommended in the Ockenden report. • There is a proposal to stage the way posts are recruited to. The aim is for 35% continuity of carer to be reached by the first 6 months of the year, increasing to 50% for the second half of the year, with a review in 12 months. <p>The Board approved the recommendations outlined in the paper and MM thanked KD for the update.</p>	
Section 4: Partnerships		
Bo.5.22.21	<p>Partnerships Dashboard</p> <p>JH pointed out that the dashboard headings have been changed to; Reducing Inequalities, Act as One, ICS and WYAAT and Anchor Institution.</p> <p>The Board noted the update and MM thanked JH for the same.</p>	
Section 4f: Audit and Assurance		
Bo.5.22.22	<p>Report from the Chair of the Audit Committee – 12 April 2022</p> <p>JL highlighted the pertinent points of the report:</p> <ul style="list-style-type: none"> • The Internal Audit plan was signed off on the 12th of April. • An extraordinary meeting was held to review to BAF and Risk Management Strategy. A few changes were requested and it is hoped this will be signed off at the next meeting. • 11 complete audit reports have been noted, 2 with high assurance and 9 with significant assurance, suggesting good controls in place. • The EPRR (Emergency Preparedness, Resilience and Response) plan has been received. The Foundation Trust was noted to be compliant with 46 out of the 48 national standards and there is a plan in place to address the two which are outstanding. <p>The Board noted the report and MM thanked JH for the update.</p>	
Bo.5.22.23	<p>Audit Committee Terms of Reference</p> <p>LP pointed out a minor amendment required to comply with an Internal Audit recommendation. This is to clarify that the Audit Committee is responsible for monitoring compliance with policies. A fuller review of the terms of reference will take place later in the year.</p> <p>The Board approved the terms of reference and MM thanked LP for the</p>	

	update.	
Bo.5.22.24	<p>Reports from the Chair of the Charitable Funds Committee – 11 January & 8 March 2022</p> <p>JH mentioned a discussion held with leaders from the local Muslim business community, which was promising and aligned to the ambition of the charity to connect to local communities.</p> <p>The new appointment for a Head of Charity Operations hadn't yet gone out to advert but would be advertised as soon as possible.</p> <p>The Board noted the reports and MM thanked JH for the update.</p>	
Section 5: Governance		
Bo.5.22.25	<p>Annual Review of the Constitution</p> <p>JH shared that the Corporate Governance team have reviewed the current constitution and noted that Section 7.1.2 doesn't explicitly state that the Foundation Trust can have up to two Deputy Chief Executives. This needs clarifying and LP will write a new form of words to regularise the current position.</p> <p>The Board approved the constitution subject to the clarification regarding Deputy Chief Executives, with a 7 day period for any further comments directed to LP. MM thanked JH for the update.</p>	
Bo.5.22.26	<p>Self-Certification of Compliance with the NHS Provider Licence</p> <p>JH informed that the Foundation Trust isn't required to make a formal submission, but needs to have met the requirements of the Provider Licence. It also needs to provide a corporate governance statement, which is linked to the Annual Report and Annual Governance Statement.</p> <p>The Board approved the recommendations and MM thanked JH for the information.</p>	
Bo.5.22.27	<p>NED Independence Test</p> <p>JH shared that this is a statement to confirm that the Non- Executive Directors and Chairman are independent in character and judgement, in line with the Foundation Trust code of governance.</p> <p>The paper explains how this was reviewed, with reference to declarations of independence and no conflicts. Two interests have been recorded and do not impact on the independence of the individuals.</p> <p>The Board approved the statement and MM thanked JH for the information.</p>	

Bo.5.22.28	<p>Compliance with the NHS Foundation Trust Code of Governance</p> <p>JH stated that it is believed the Foundation Trust is compliant with the Code of Governance. The Corporate Governance team have reviewed and made a series of statements with regard to the provision in the Code, to be stated in the Annual Report.</p> <p>The Board approved the document and MM thanked JH for the update.</p>	
Bo.5.22.29	<p>Data Security & Protection Toolkit</p> <p>PR asked the Board to note the progress made to date and stated that the team is on a trajectory towards compliance with expectations by the deadline of the 30th of June 2022. The assurance will be managed through the Digital and Data Transformation Committee.</p> <p>PR pointed out that the toolkit is an accurate reflection of the time it was taken and will be at the time of submission. There are no risk areas of non-compliance.</p> <p>The Board noted the position and approved the submission on the basis that PR will advise of any changes to note. MM thanked PR for the update.</p>	
Bo.5.22.30	<p>Annual Fire Safety Report</p> <p>MHo highlighted the main components of the report.</p> <ul style="list-style-type: none"> • A small fire in the switch room in the autumn. • A new fire risk assessment programme has been developed, which is now a rolling programme of reassessment with an 85% success rate. The outstanding 15% is comprised of low risk areas. • There have been improvements in the waste compounds to reduce hazards. • There has been backlog maintenance investment around fire detection • There has been significant investment in fire escape routes and the fitting of alarms. • Fire safety training continues online and has been enhanced with manager and Fire Warden modules. Good feedback has been received. • There is a new procedure for the fire response team and a new SOP. • Incidences of unwanted fire signals have slightly reduced. The same themes in line with other trusts have been noted. • New equipment and improved building construction with fire compartmentation has been installed. <p>MM queried if the Fire Safety Manager role is full-time and MHo confirmed that it is. MHo pointed out that the Fire Safety Officer carries out training and the new Fire Safety Manager will lead on the new</p>	

	<p>developments.</p> <p>The Board noted the report and compliance. MM thanked MHo for the update.</p>	
Bo.5.22.31	<p>Annual Security Report</p> <p>MHo presented an interim update on site-wide security. The plan is to bring the annual review in line with last year to get back on track in 2023 at the May Board. A formal report will be submitted in September. The three main areas covered are; security service operational service delivery, key reported security data metrics and ongoing security developments and progress.</p> <p>MHo stated that it has been challenging to keep the service operational over the last year. The service has remained available 24/7, but has changed in focus and structure due to on-site pressures. Some additional agency staff have been employed. A more reactive security model has been in place since the pandemic and the management of physical aggression has remained a prime focus.</p> <p>119 crimes were reported to the police, with 57% being filed as "Complainant Declined to Prosecute" and 15% resulting in charges. There were 65 theft incidents, which remains constant with last year. Incidences of physical assault have continued to increase, with 273 violence and aggression incidents. These have increased in AMU 1 and 4, Ward 6, A&E and Wards 17, 31 and 28. Car crimes reduced during the pandemic, but there has been heightened theft incidents associated with catalytic converters.</p> <p>Challenges include a number of clinically related assaults owing to ill health, mental health problems, severe learning difficulties and treatment. Mitigations include training for staff caring for this group of patients and measures to improve prevention and management of those patients. With regard to the theft of patient property, staff are reminded to encourage patients to leave valuables at home and Police Community Support Officers have been re-sited to higher crime areas of the site to deter activity and educate staff.</p> <p>The organisation has continued to maintain the Park Mark Safer Car Parking award. A new initiative in June will see a partnership approach to tackling the zero tolerance ethos and a plan is currently being drafted. Warning letters are now sent to patients attending A&E that have been verbally abusive to staff in the past and further development of the CCTV system has been successfully completed.</p> <p>The Board noted the update and MM thanked MHo for the briefing.</p>	
Section 6: Board Meeting Outcomes		
Bo.5.22.32	<p>Any Other Business</p> <p>No other business was discussed.</p>	

Bo.5.22.33	Issues to Refer to Board Academies or Elsewhere There were no issues to refer to the Board Academies or elsewhere.	
Bo.5.22.34	Date and Time of Next Meeting 14 th July 2022, 9.30am.	

DRAFT

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 12 May 2022

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo21015	Bo.5.21.10	Patient Recruitment Centre Discussion around a possible visit to the PRC to be held at the October Board Development Session.	Associate Director of Corporate Governance/Board Secretary	May 2022	To be considered as part of the board development plan for 2022, when site visits are able to take place. 12.05.22 – Still to be arranged later in the year. To remain open.
Bo22006	Bo.3.22.19	Partnerships Board PR said as the Place based relationships and ICS relationships mature a number of Executives will be taking on extra responsibilities and PR suggested it may be useful to update the Board in relation to this particularly as this will impact on capacity. JH referred to the mapping exercise that was done previously and agreed to review and update this.	Director of Strategy & Integration	May 2022	To be completed by the end of May 12.05.22 – Work ongoing on new governance structure. Will be circulated when complete. To remain open.
Bo22008	Bo.5.22.3	Modernisation of Pharmacy Services Team to be invited to the People Academy.	Director of Human Resources	July 2022	Complete.
Bo22009	Bo.5.22.3	Modernisation of Pharmacy Services LP to send meeting chat transcript to SA and DS.	Associate Director of Corporate Governance/Board Secretary	July 2022	Complete.

Bo22010	Bo.5.22.11	Report from the Chair of the Finance & Performance Academy – March & April 2022 SA & PR to provide a waiting list analysis of ethnicity and deprivation.	Chief Operating Officer/Chief Digital and Information Officer	July 2022	Included on July Board agenda. Complete.
Bo22011	Bo.5.22.15	Research Activity in the Trust PR to request an invite to the West Yorkshire and Harrogate Health and Care Partnership Innovation and Improvement Board for Rebecca Lawton.	Chief Digital and Information Officer	July 2022	Action complete subject to the ICS Inclusive Innovation and Improvement Board itself revisiting its TOR and membership following 1/7 changes
Bo22012	Bo.5.22.15	Research Activity in the Trust LP to add outcome of redeployment initiative to People Academy workplan.	Associate Director of Corporate Governance/Board Secretary	July 2022	Complete.